CLAIMS ONLY			Application Number	Filing Date
			10-629626	
			Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
(1)							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
(9)							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
(16)							66						
(17)							67						
18							68						
(19)							69						
(20)							70						
(21)							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
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29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	7						Total Indep						
Total Depend	14						Total Depend						
Total Claims	21						Total Claims						